Colorado Elite 7 on 7 Youth Football Tournament

PLEASE COMPLETE THIS REGISTRATION, WAIVER, & RELEASE FORM IN ITS ENTIRETY AND BRING IT TO THE FIRST CAMP SESSION. PLAYERS WILL NOT BE ALLOWED ON THE FIELD WITHOUT A COMPLETED AND SIGNED FORM.

Child's Name:		Grade:	
Address:			
City: Zip			
E-mail address:			
Parent/Guardian(s) Name:			
Home Phone:	Work Phone:	Cell Phone:	
In case of emergency, contact		Phone:	or
	Phone:		
Special concerns (allergies, mo	edications, medical condit	ions, etc.)	
Name of Parent or Guardian: S			
Date: S	ignature of Parent or Guardi	an:	
directions given by CEY. 2. I recognize that there are responsibility for personal discharge CEYFC for injury facilities of CEYFC, with a supersess, including attornuse of or presence upon the supersess.	bey all posted rules and warn FC, or the employees, representation inherent risks associal injury to myself and (if appury, loss or damage arising oner caused by the fault of my defend CEYFC against all coney fees and other litigation the facilities of CEYFC	ings, and further agree follow are sentatives or agents of CEYFC. ated with the above described ac plicable) my family members, arout of my family or myself use over the self, my family, CEYFC or other laims, causes of action, damages costs, which may in any way are	etivity and I assume full and further release and of or presence upon the er third parties. s, judgments, costs or ise from my or my family's
4. I agree to pay for all dam willful actions.	ages to the facilities of CEY	FC caused by my or my family'	s negligent, reckless, or
I HAVE READ THIS DOCUME THIS RELEASE, I VOLUNTAR			ID THAT BY SIGNING
PRINT NAME OF PARENT/GU	ARDIAN:		<u>.</u>
SIGNATURE OF PARENT/GUA	ARDIAN:	Date	e: <u>.</u>